evolent

Physical Medicine Solutions

A clinically led approach to specialty management built around the patient journey

AGENDA

What we'll cover

01 **Why Physical Medicine Condition Management**
The clinical and financial case for a specialty program beyond traditional UM

02 **Evolent at a Glance**
Scale, national footprint, and proof points that build confidence

03 **The Physical Medicine Program**
How the solution works — episodic UM, provider analytics, provider engagement, member engagement

04 **Results That Matter**
ROI, outcomes, and what providers say about the experience

WHY PHYSICAL MEDICINE CONDITION MANAGEMENT

High-volume, episodic services create unique management challenges that traditional UM cannot solve

High Volume, Low Unit Cost

PT, OT, and ST services are individually low-cost but aggregate into significant spend. Traditional UM is too blunt — a full denial is rarely right, but unlimited visits always lead to overuse.

Overutilization Patterns

Frequency and duration are often driven by provider habit, not documented clinical need. Members receive more visits than their condition requires, especially in home health settings.

Fraud and Waste

Upcoding, unbundling, and billing for services a caregiver could perform are well-documented patterns in outpatient therapy. Early intervention and analytics catch these before they become systemic.

Referral Quality Variation

Members are not always directed to high-quality providers. Significant variation in visits per episode, cost per episode, and outcomes exists across providers in the same market.

EVOLENT AT A GLANCE

A national physical medicine program with 20+ years of specialty management experience

13.5M
Lives managed across all LOBs

30+
States in the national footprint

70+
Health plan partnerships

20+
Years of specialty management experience

Physical medicine program performance (2024 FY)

3:1
Average ROI (all LOB)

88%
Portal utilization rate

83%
Provider satisfaction score

4:1
ROI in Medicaid partner (12 months)

THE PHYSICAL MEDICINE PROGRAM

Scope focused on PT, OT, ST, and Chiropractic (optional) for habilitative and rehabilitative populations

MANAGEMENT CHALLENGES

- Low-cost, high-volume episodic services that are difficult to manage with traditional UM
- Overutilization or inappropriate treatment based on the member's condition
- Fraud and waste from unnecessary services
- Ensuring members are referred to high-quality providers for appropriate treatment

EVOLENT APPROACH

- **Scope: PT, OT, ST & Chiropractic (optional)** for habilitative and rehabilitative care in OP and home settings — adult and pediatric populations
- **Early intervention** ensures appropriate frequency and duration from the first request
- **High-touch provider engagement** and care shaping right-sizes therapy dosage for member need through episodic review and partial denials
- **Breadth of subspecialty expertise** leveraging relationships with professional societies (APTA, AOTA, ASHA) to assist with alignment

EVOLENT AT A GLANCE

A physical medicine footprint spanning 30+ states, transforming care for Medicaid, Medicare, and commercial populations

PHYSICAL MEDICINE HEALTH PLAN PARTNERSHIPS

Active partnerships across 30+ states including Medicaid, Medicare, and commercial lines of business.

- Centene Corporation
- HMSA (Hawaii Medical Service Association)
- Neighborhood Health Plan of Rhode Island
- Maryland Physicians Care
- And additional regional and national plan partners

2024 KEY METRICS

13.5M	Total lives managed
88%	Portal utilization rate
83%	Provider satisfaction score
3:1	Average ROI

Source: Evolent 2024 FY All LOB MSK / Phys Med Data; 2025 FY All LOB Physical Medicine Membership

A multidisciplinary team, independent advisory board, and association partnerships power the program

DEEP CLINICAL EXPERTISE

70+ board-certified providers delivering specialty-matched clinical and P2P reviews.

Subspecialty areas include:
· Lymphedema
· Pelvic floor
· Vestibular
· Hand therapy
· Pediatrics
· Specialty Board certifications

INDEPENDENT ADVISORY BOARD

Multidisciplinary group providing pathway development and strategic guidance:

· 2+ PCPs
· 1 DPT
· 1 Interventional Pain Management specialist
· 3 MSK Surgeons (HSK, Ortho Spine, Neuro Spine)

ASSOCIATION PARTNERSHIPS

We collaborate with national therapy associations to align our scope and limit provider abrasion:

· American Physical Therapy Association (APTA)
· American Occupational Therapy Association (AOTA)
· American Speech Therapy and Hearing Association (ASHA)

An integrated model across UM, provider analytics, provider engagement, and member engagement

1 Utilization Management & Episodic Review

Episodic review from the first request. Partial denials right-size visit counts without blanket denials. Care shaping letters prompt transition to home programs when documentation supports it.

2 Provider Analytics

Annual data-driven comparison of like providers across discipline, therapy type, network, and place of service. KPIs: visits/episode, units/episode, cost/episode, passive care units, active care %. Outliers engaged directly.

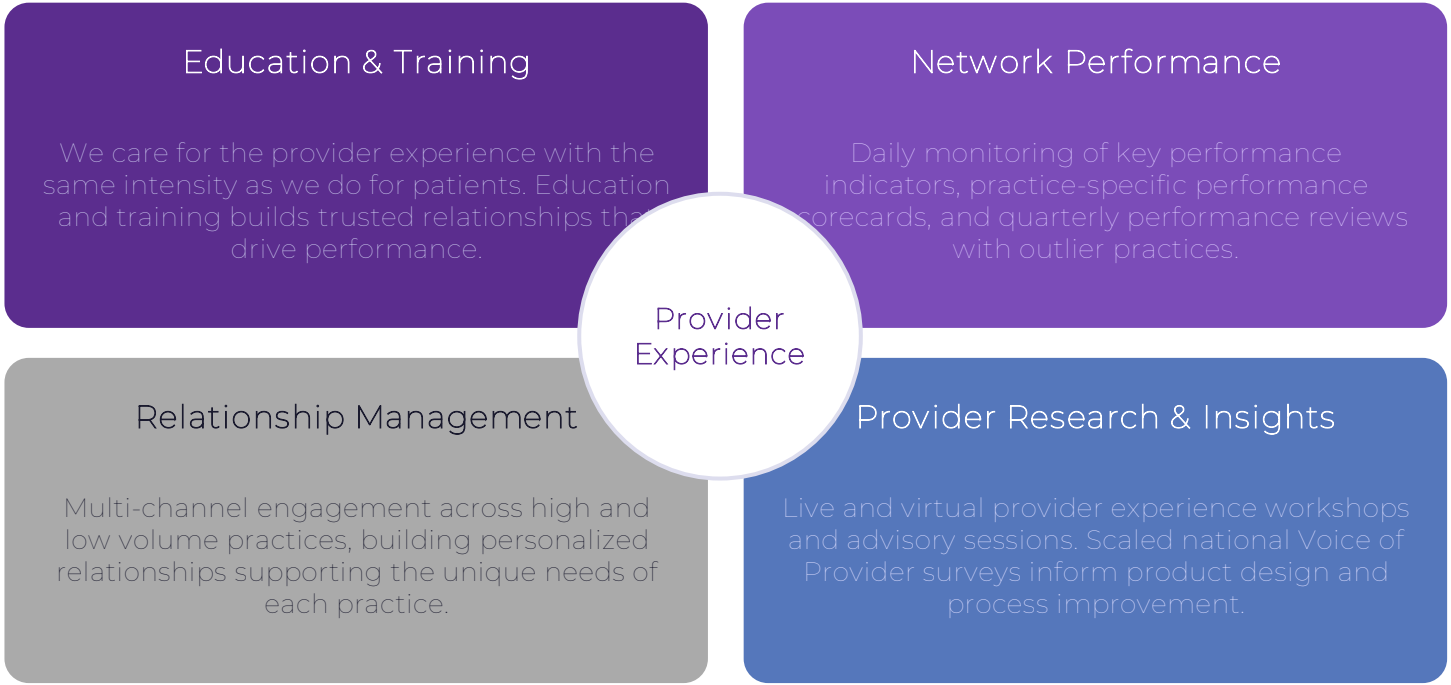
3 Provider Engagement

Four-quadrant model: Education & Training, Network Performance (daily KPI monitoring, quarterly reviews), Relationship Management (multi-channel), and Provider Research & Insights (Voice of Provider surveys).

4 Member Engagement via SimpleTherapy

Hybrid in-person/virtual PT model. 1,500+ video-guided exercises covering 18 body parts. 1:1 video visits from DPTs, BH clinicians, and coaches. Gold-carding for participating providers.

Provider engagement supports long-term behavior change and deepens trusted relationships



Provider analytics tools enable data-driven outcomes tracking and targeted engagement

TOOL OVERVIEW

- Enables annual data-driven side-by-side comparison of physical medicine providers and facilities
- Compares like providers across network, discipline, therapy type, and place of service
- Supports network optimization, value-based care, benefit design, and care shaping strategies
- Identifies high and low performing providers using claims-based analytics
- All data derived from medical claims data provided by the health plan — no third-party data required

KEY PERFORMANCE INDICATORS

- Visits per episode
- Passive care units per episode
- Units per episode
- Cost per episode
- Units per visit
- Cost per visit
- Speech therapy units (CPT 92507)
- Percent of units that are Active

Integrated digital solution engages members upstream to reduce pain and lower costs

Accessible 24/7	Computer-Vision Assessments	Comprehensive Care Team	Progress Yourself AI	1,500+ Exercises
From any personal device	Virtual movement assessment available 24/7	1:1 video visits from DPTs, BH clinicians, and coaches	Hyper personalized exercises varying in intensity	Covering 18 different body parts

SimpleTherapy independently validated outcomes:

$2,699	66%	50%	52%	55%
Industry-leading avg user savings	Reduction in surgical claims	Reduction in MSK claims	Reduction in Rx claims	Reduction in DME claims

RESULTS THAT MATTER

Consistent results across Medicaid, Medicare, and commercial lines of business

3:1
Average ROI (national, 2024)

4:1
ROI in Medicaid partner (12 mo)

83%
Provider satisfaction

88%
Portal utilization

Decision Quality

6%	Full clinical decision reversal (CDR) rate
15% of CDR	Are partial reversals only — full denials are rare
4.7%	Reduction in reconsideration rate year over year
6% full CDR	Means 94% of decisions hold on reconsideration

Utilization Trend Over Time

In a northeastern Medicaid partner (218K+ members), requests per patient declined from 21.4 to 13.3 over 7 months. Approvals per patient declined from 16.0 to 11.5. Both metrics track downward as the program matures — demonstrating durable behavior change, not one-time savings.

1. 2024 Evolent Performance Data | 2. 6/2024–5/2025 Evolent Performance Data

GET READY TO PRESENT

From training to certified presenter

1 Teach-back

Each trainer presents the problem, scope, model, and results sections back to the group in under 8 minutes — unscripted.

2 Objection drill

Facilitator role-plays two objections from the guide; trainer responds live, no notes — must include one clinical and one financial/ROI objection.

3 Peer feedback

Group scores clarity, accuracy, and confidence using the certification checklist. Flag any stat cited that doesn't appear in the reference table.

4 Sign-off

Trainer is cleared to present externally once certified by their manager or designated enablement lead.

Reference the one-pager and guide for the full talk track, key stats, and the objection-handling appendix you can keep open during live presentations.